•									Application or Docket Number						
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003								·	10713489						
		_	1		<u> </u>	11	070	+							
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OR	OTHER THAN SMALL ENTITY			
TOTAL CLAIMS			38		•		.	RATE		FEE	7	RATE	F	EE	
FOR			NUMBER FILED .		NUMBER EXTRA			BASIC FEE 385.00		85.00	OR	BASIC FEE	ASIC FEE 770.00		
TOTAL CHARGEABLE CLAIMS			38 minus 20=		• 18			X\$ 9=				X\$18=	324		
INDEPENDENT CLAIMS			_5 minus 3 =		2		·	X43=		01		X86=	179		
ML	LTIPLE DEPE	NDENT CLAIM P	RESENT 				+145=				OR	+290=			
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	12	Bh		
CLAIMS AS AMENDED - PART II												OTHER	TH	AN	
	_	(Column 1)	(Colum	(Column 2) (Column 3)			SMALL		TITY	OR	SMALL	ENT	ITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	TK	DDI- ONAL EEE		RATE	ADDI TIONAL FEE		
NON	Total .	. 3.8	Minus	-2	O	=18		X\$ 9=) OR		X\$18=	1		
AME	Independent	• 5	Minus	*** 3	S	- 2	ſ	X43=			OR	X86=			
لنا	FIRST PRESE	NTATION OF MU	JLIIPLE DE	PENDENI	CLAIM			+145=			OR	+290=			
•							L	TOTAL	-) -	OR	TOTAL			
		(Column 1)		(Colum	n 2)	(Column 3)		JJ.11. 1 L.	_						
AMENDMENT B		CLAIMS REMAINING		HIGH NUM			Г		ADDI-		1		ΑC	DI-	
		AFTER AMENDMENT		PREVIO	USLY	PRESENT EXTRA		RATE	TIC	TIONAL FEE		RATE .	TIONAL FEE		
	Total	*	Minus	**		=		X\$ 9=			OR	X\$18=			
AME	Independent	* NTATION OF MU	Minus	ENDENT	CLAIM	-		X43=			OR	X86=			
	· morrico		CIN CE DEI	LINDERT	O CAIN	·	3	+145=			OR	+290=			
							A	TOTAL			OR ,	TOTAL IDDIT. FEE			
		(Column 1)	٠	(Colum	n 2)	(Column 3)									
ပ	•	CLAIMS REMAINING		HIGHE	ST		Г		АГ	DI-	ſ		ΑD	DI-	
MENT		AFTER AMENDMENT		PREVIOL PAID F	JSLY	PRESENT EXTRA		RATE	TIO	NAL EE		RATE	TIONAL FEE		
	Total	•	Minus	**		=		X\$ 9=			OR	X\$18=			
۳ L	Independent		Minus	***		=	Γ	X43=			t	X86=			
`	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								-		OR			_	
* If the entry in column 1 is less than the ntry in column 2, write "0" in column 3.															
H	"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." TOTAL ADDIT. FEE ADDIT. FEE ADDIT. FEE														
T	ne "Highest Num	ber Previously Paid	For (Total or	Independen	t) is the	highest number fo	ounc	in the ap	propri	ate box	in colu	mn 1.			